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REPORT OF RECEIPTS 12 FEB 10 PM 4: 14 RECEIVED

For An Authorized Committee

2012 FEB 10 AM 9: 19

FOEL MAN CENTER

NAME OF TYP COMMITTEE (in full)	E OR PRINT ▼	Example over the	: If typing, type lines.	12FE4M5	'j
Fitzgerald for US Senate	11111			11111	
	D Box 8676	1 1 1 1 1			
ADDRESS (number and street)	J BOX 6070				
Check if different than previously reported. (ACC)	ladison			W L	53708
2. FEC IDENTIFICATION NUMB	ER ▼	CITY A		STATE A	ZIP CODE
C C00503227	1	S THIS X	NEW (N) OR	AMEND (A)	STATE ▼ DISTRICT WI 00
4. TYPE OF REPORT (Choose (a) Quarterly Reports: April 15 Quarterly Repo	rt (Q1)	ie si	ion Report for t ary (12P) vention (12C)	he: General (1 Special (1	
July 15 Quarterly Report October 15 Quarterly Re		'		en per ceres. Ministration	in the Wi State of
X January 31 Year-End Re	eport (YE) (c) 3	0-Day POST -Ele	ction Report for	OR) Special (30S)	
Termination Report (TER	1	Election on (Mama(, 755√ 		in the WI State of
5. Covering Period 10	/ B B / Y 20)) 11		игм / р р / 12 31	2011
I certify that I have examined this R		st of my knowle	dge and belief i	t is true, correct and	d complete.
Type or Print Name of Treasurer Signature of Treasurer Bonnie F	Bonnie Fitzgerald			Date	2 / B
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.					
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